DBH
Division of Behavioral Health

Understanding Civil Involuntary Detention (CID)

An Information and Resource Guide for People Who Have Been Involuntarily Hospitalized

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1 Introduction

This manual was created by the Missouri Department of Mental Health. It was made to help you and your family learn about the Civil Involuntary Detention (CID) process, the signs of common mental health problems, and where to find help in your community and across Missouri. If you are being held at a facility against your will, the mental health center handling your first 96-hours of care must give you this information under Missouri law (632.392.1). This manual does not cover substance use because CID related to substance use follows different procedures than CID related to other mental health concerns. For more information on substance use services in Missouri, please visit the Missouri Department of Mental Health's Locate Treatment Services page.

2 Civil Involuntary Detention (CID)

Some people going through a crisis, emotional stress, or a mental health problem may be at risk of harming themselves or others or may find it hard to make decisions about basic needs such as food, clothing, shelter, safety, medical care, or mental health care. Harm does not have to include physical injury. It may include verbal threats of harm, actions that suggest a risk of harm, or ways of acting that have caused harm to yourself or others. It can also include a reasonable concern that harm could happen. In these cases, a person may be hospitalized against their will to help keep them and others safe.

Chapter 632 of the Missouri Revised Statutes (RSMo) covers the laws for mental health treatment when a person cannot or does not give consent. This can happen when there is a serious concern for the person's safety or the safety of others. This process is called Civil Involuntary Detention (CID). It is meant to protect the rights of the person being held while also keeping everyone safe from harm.

2.1 Definitions

Certain terms used in Civil Involuntary Detention (CID) have specific legal meanings under Missouri law. These terms may differ from how they are used in everyday conversation or clinical settings. The definitions below explain some of the key terms used in CID.

- **Alcohol Abuse-** Means using alcohol in a way that makes someone drunk or causes problems with their thoughts, feeling, or health. It can cause behaviors that make it hard to get through the day or get along with others.
- **Drug Abuse-** Means using drugs that aren't for medical reasons and that cause problems with a person's thoughts, feelings, and health. It can also make someone rely on drugs, which can cause problems with daily life and relationships.
- **Civil Involuntary Detention (CID)-** When someone is kept for mental health treatment without agreeing to it. This happens when there are serious concerns about their safety or the safety of others.
- **Mental Disorder-** A mental health condition that affects how a person thinks, feels, or makes choices. It can make it hard to take part in normal, daily life.

- **Mental Illness-** Under Missouri law, a person may have a mental illness when a mental health problem changes how they understand what is real. This can include seeing or hearing things that are not there or believing things that are not true. It may also involve changes in mood or feeling confused. These experiences can make it hard to think clearly or understand what is happening. It can also make it hard to stay in control.
- **Likelihood of Serious Harm-** A person who may be in danger of harming themselves or others, even if no one has been hurt yet. This can include:
    - ***A person at serious risk of hurting themselves.*** This may be shown through recent actions or threats, including verbal threats or past behavior of harm.
    - ***Someone who has a mental health condition and may have trouble making choices*** about basic needs. This can include food, housing, safety, or health care. This may place the person at risk of harm.
    - ***A person at serious risk of harming someone else.*** This can include recent or past actions, words, or thoughts that have hurt someone or made them afraid they might be hurt.
- **Ninety-Six (96) Hours-** The time allowed by law for a person to be kept for mental health evaluation and treatment. This time does not include weekends or holidays observed by the court or the mental health facility. Sometimes the 96-hour period can be made longer if more treatment is needed.
- **Respondent-** The person who is being held for mental health evaluation without their consent.

2.2 Outpatient Commitment

If someone is still seen as a danger to themselves or others after the first 96-hours, they can be kept longer. This could be for another 96 hours, 21 days, 90 days, or one year. In some cases, a person may be placed on outpatient commitment for up to 180 days. During this time, they are supervised by a Community Mental Health Program. Community Mental Health Programs provide care in the community instead of in a hospital.

The treatment team at the mental health facility can request outpatient commitment, but a judge decides whether to approve it, based on several factors, including:

- The person's diagnosis or current symptoms.
- Whether they can remain safe while living in the community.
- The support they have from family, friends, or others.
- Whether mental health services are available that can meet their needs.
- Their willingness and/or ability to take part in treatment or medications recommended for their care.

- Their willingness to agree to and follow the conditions of outpatient commitment and their treatment plan.

If someone on outpatient commitment does not follow their treatment plan, they may go back to the hospital. This can also happen if they become a danger to themselves or others.

A person on outpatient commitment has the same rights as people who receive involuntary care in a hospital. Outpatient commitment is ordered by a judge after a court hearing.

2.3 Guardianship and Conservatorship

Sometimes during Civil Involuntary Detention a person may need help to stay safe or manage daily life. When this happens, a court may name someone to help the person as their legal guardian. A guardian can make decisions about the person's care, safety, and health. If money and property are involved, the court may also choose a conservator. A conservator helps make decisions about money and property for the person.

2.4 Disclosure of Information

Under Missouri law, your mental health records are private. They can only be shared if you or your legal guardian give permission (see Missouri statute 630.140). During Civil Involuntary Detention, some information about you may be shared. This happens only when it is needed to keep you safe. Sometimes, information can be shared with your primary care provider when it is needed for your care (see Missouri statute 632.392). Your primary care provider is the person who manages most of your care. This could be a family member or a friend who is actively involved in supporting you. This helps ensure the right people have the right information to help in your recovery.

2.5 Common Questions About Civil Involuntary Detention

What are my rights?

You have several legal rights, including:

- **The right to an attorney-** During your detention, you have the right to an attorney. If a judge decided you could not afford the legal fees, the state paid for your attorney. You do not have to pay for these services.
- **The right to a hearing-** A hearing is not held for the first 96-hour detention. You have the right to a court hearing if someone filed a request to keep you detained for more than the first 96 hours.
- **The right to a writ of habeas corpus-** You have the right to ask a court to review whether your detention was legal. This is called a writ of habeas corpus. It means you can ask a judge to verify that there was a lawful reason for your detention.
- **The right to an interpreter-** While you are detained, you have the right to a qualified interpreter and language services.

- **The right to treatment and protection-** While being held involuntarily, you have the right to safe care. You have many of the same rights as someone who chooses treatment. However, there are some limits on your treatment choices and on who your information is shared with.

Was this a criminal process and will it go on my record?

No, this was not a criminal process. Civil Involuntary Detention is part of the civil court system, not the criminal justice system. It may appear in your medical record and in civil court records, but it will not appear on a criminal record. You have a right to request a copy of your records.

How long can someone be held under CID?

CID starts with a dentition of 96 hours (not including Saturdays, Sundays, or legal holidays). The detention can be extended to 21 days, 90 days, or up to one year. Outpatient detention can last up to 180 days. These time periods can happen one after another meaning more than one can be ordered in a row (for example, two 90-day detentions can occur consecutively).

Who decides if a person must be detained under CID?

A mental health worker, police officer, or any adult can ask the court to place someone in the hospital. This can happen if they think the person may hurt themselves or others. A probate court judge reviews the application and decides based on the facts and evidence provided.

Can I be detained again?

Yes. If you are in danger of hurting yourself or others, you can be detained under CID again. This is done to keep you and others safe.

3 Understanding Mental Health: What You Should Know

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2020:

- 1 in 5 adults in the U.S. experiences a mental health condition.
- 1 in 20 adults in the U.S. live with a serious mental health condition.
- Living with a mental health condition doesn't make someone more likely to be violent.
- Living with a mental health condition doesn't mean you are lazy or weak.
- People may face a mental health condition for many reasons.
  These can include:
  - Biology- your genes, brain chemistry, or physical health
  - Life experiences- such as trauma, stress, or abuse
  - Family history of mental health conditions

See Appendix A for a list of common mental health conditions and their symptoms.

4 What Comes Next?

Taking care of your mental health is an important part of your overall wellbeing. Everyone's life is different, and what works for one person may not work for another. Knowing your early warning signs when things start to get hard can help you stay well and may help you stay out of the hospital.

There are several types of mental health care available. Talk with a mental health professional who can help you explore your options and find a plan that works best for you. To find care in your area, you can visit the Missouri Department of Mental Health's Locating Treatment & Services page, MONavigator, or visit FindTreatment.gov.

5 What to Do When You Are in Crisis or Emotional Distress

A mental health or substance use crisis, like a physical health crisis, can feel hard to handle. Sometimes these feelings can become very strong. Some people may feel trapped or think about suicide. It is important to remember that you are not alone, and help is available. You might worry that reaching out for help could lead to being hospitalized again. Getting help early often keeps people out of the hospital. When you get help early it can keep a crisis from getting worse. It may help you stay safe and out of the hospital. Knowing when you are in crisis and your warning signs can help keep you safe. It can also help you get the support you need.

5.1 Learn the Warning Signs

Each person has a different experience. However, there are some warning signs that may show that someone is at a higher risk for suicide, such as:

- Emotional warning signs:
  - Feeling hopeless or as if there is no reason to live
  - Anxiety or mood swings
  - Trouble sleeping
  - Feelings of guilt, shame, or a sense of failure
  - Unusual outburst of rage or anger
- Physical warning signs:
  - Poor appearance and personal hygiene, such as not bathing or brushing teeth
  - Looking sad or depressed most of the time
- Behavior warning signs:
  - Impulsive or risky behavior
  - Alcohol or drug misuse
  - Losing interest in hobbies, work, or school
  - Wanting to be alone and withdrawing from family and friends
  - Violent behavior

- Giving away meaningful personal items
- Getting affairs in order, such as writing a will

This list does not include every warning sign. Each person experiences a crisis differently, and warning signs may not show up in the same ways. If something seems off or doesn't feel typical for someone, it is important to check in with them. Asking directly if someone is thinking about suicide can help start an honest conversation. It can help them get support. While there is a misconception that talking about suicide can lead someone to act on those thoughts, this is not true. In fact, asking directly can be a vital step towards safety and support.

5.2 Crisis Services

Missouri offers crisis services for all people across the state. These services are available 24 hours a day, 7 days a week. They provide support to people experiencing emotional distress or going through a mental health, suicide, or substance use crisis. Crisis services are for anyone, anywhere, and anytime. Missouri follows national best practices for crisis services. Missouri's crisis response system has three core services:

- **Someone to talk to**: You can call or text 988 or chat online at chat.988lifeline.org. You will talk with a trained crisis specialist. They will support you during the crisis. They can also connect you to services and resources for ongoing help and care.
- **Someone to respond**: If talking with a 988 crisis specialist is not enough, a Mobile Crisis Response staff can meet you in your community. Mobile Crisis Response staff will offer support, work with you to create a plan to keep you safe, and connect you to ongoing support if needed.
- **A safe place for help**: If you need more help than Mobile Crisis Response staff can provide, you can go to a Behavioral Health Crisis Center. These centers offer a safe place to receive care. They offer a higher level of care for up to 23 hours. This can sometimes help avoid a visit to the hospital.

5.2.1 The 988 Suicide & Crisis Lifeline

988 is a three-digit number. You can call 988 if you are facing emotional distress or a mental health, suicide, or substance use crisis. 988 is free and confidential. It is available 24 hours a day, 7 days a week by call, text, chat, or videophone. 988 provides rapid access to a live crisis specialist. A crisis specialist is always available. They are trained and prepared to provide support in the moment. Since a crisis is defined by the person or family going through it, the crisis specialist will work with the person to understand their needs and concerns. The crisis specialist can also work with them to connect to resources and supports if needed.

You can also contact 988 if you are worried about someone else and need help supporting the person. A crisis specialist can help guide you or reach out to that person, or both.

5.2.1.1 Reasons People May Reach Out to 988

(This list is not exhaustive because crisis is self-defined)

- Thoughts of suicide
- Emotional distress
- Substance use
- Worried about someone else
- Trauma
- General anxiety or depression
- Feeling lonely or hopeless
- Relationship or family problems
- Financial or job stress
- Trouble thinking clearly

5.2.1.2 When to use 988 vs. 911

When every second counts, contact 911. Life or death emergencies that need help right away because every second matters.

When there is time to talk, contact 988. A mental health, suicide, or substance use crisis, may not need emergency services, but it does need caring support.

5.2.2 Someone to Respond: Mobile Crisis Response

Mobile Crisis Response services are available 24/7 across the state and offer a community-based response to help the person in crisis or emotional distress. A trained crisis specialist or team is dispatched to wherever the person in crisis is in the community, including the person's home, school, workplace, and other locations like a local library, convenient store, or street. Mobile Crisis Response services are intended to support the person in the community to help prevent the need for a higher level of care and can connect them to available resources and services, including follow up services, if needed.

5.2.3 Somewhere to Go: Behavioral Health Crisis Centers

Behavioral Health Crisis Centers (BHCCs) provide a place for people who are in crisis to go for short periods of time to receive crisis support in a trauma-informed setting. A goal of BHCCs is to provide a safe space for the person to receive mental health and substance use services for their crisis and to provide care that brings the person back to their earlier level of functioning before the crisis started. They connect the person to community resources to make sure the person stays safe and has a plan to help prevent future crises. BHCCs have an open-door policy and accept walk ins. No one needing help will be turned away because they cannot pay or do not have insurance. For more information about BHCCs such as location, hours of operation, and ages served, please visit Behavioral Health Crisis Center Locations.

6 Additional Resources

- Missouri Department of Mental Health – Civil Involuntary Detention
- Missouri Department of Mental Health – Crisis Services
- Missouri Department of Mental Health – Locating Treatment & Services
- Substance Abuse and Mental Health Services Administration (SAMHSA) – Find Treatment

7 Appendix A: Understanding Your Diagnosis

This section lists some common mental health conditions. It does not include every condition. Each person's experience is unique and complex. These descriptions are meant to give general understanding and show possible warning signs. They should not be used to diagnosis or label anyone. Only a mental health professional can make a diagnosis after a full review.

7.1 Depressive Disorders

Depressive disorders affect a person's mood and energy. They can make daily life hard. These disorders can cause ongoing sadness or low motivation. They can affect thoughts, sleep, relationships, and self-worth.

7.1.1 Major Depressive Disorder (MDD)

Major Depressive Disorder (MDD) causes strong changes in mood, energy, and daily life. People with MDD may feel deep sadness or lose interest in activities. They may have changes in sleep, appetite, or energy. Some may have trouble thinking, feel restless or slowed down, feel guilt or worthlessness, or have thoughts of death or suicide.

7.1.2 Persistent Depressive Disorder (Dysthymia)

Persistent Depressive Disorder is a long-lasting type of depression. A person feels low for at least two years. People with Persistent Depressive Disorder may also have other symptoms. These can include low energy, sleep changes, and poor focus. People may struggle to make decisions. They may also feel low self-esteem or hopelessness.

7.2 Bipolar and Related Disorders

Bipolar and related disorders cause strong changes in a person's mood, energy, and activity. These changes happen in episodes or set periods of time. The different types of episodes include:

- **Manic Episode-** A time when a person feels very energetic or easily annoyed most days for at least one week. During this time, a person may notice other changes in behavior. A person may feel very confident, need little sleep, or talk more than usual. They may have fast thoughts, get distracted easily, focus strongly on goals, or make risky choices.
- **Hypomanic Episode-** Includes the same symptoms as a manic episode, but the episode is shorter. It lasts at least four days but less than one week.
- **Major Depressive Episode-** A time of at least two weeks in which a person experiences several symptoms of depression. These may include feeling down or hopeless most of the day. They may lose interest in things they once enjoyed. They may notice changes in eating or sleeping. They may have trouble thinking or focusing. They may also think about death or suicide.

7.2.1 Bipolar I Disorder

Bipolar I involves at least one manic episode.

7.2.2 Bipolar II Disorder
Bipolar II involves both a hypomanic episode and a major depressive episode.

7.2.3 Cyclothymic Disorder
Cyclothymic Disorder causes mood ups and downs over at least two years. During this time, the person lives with ongoing hypomanic and depressive symptoms that do not become full episodes.

7.3 Schizophrenia Spectrum and Other Psychotic Disorders
While everyone is different, Schizophrenia Spectrum and Other Psychotic Disorders can change how a person thinks, feels, or connects with the world. This may include:

- **Delusions**- Strong beliefs that do not match reality and do not change. It can be hard to tell the difference between a delusion and a strong opinion. Delusions usually do not change, even when there is clear proof that the belief is not true.
    - Example: A person may strongly believe they are being followed, even when there is no proof.
- **Hallucinations-** Seeing, hearing, or sensing things that others do not. The experience feels very real to the person. They can involve any of the senses, though hearing voices is the most common.
    - Example: A person might hear someone calling their name or talking to them when no one else is there.
- **Disorganized thinking**- Thoughts or speech that is difficult to understand. They may jump between ideas or say things that do not clearly connect to the conversation.
- **Unusual or unpredictable physical movements or behaviors**- This can show up in different ways. It may include acting childlike or becoming suddenly upset. Sometimes, a person may show little response to the world around them.
- **Reduced emotional and social expression (negative symptoms)-** This can include less emotion in facial expressions, eye contact, or tone of voice. It may also include less drive to do everyday tasks. These experiences can make it harder to connect with others and do daily tasks.

7.3.1 Schizophrenia
Schizophrenia affects how a person thinks, feels, and connects to the world around them. A person experiencing schizophrenia may hear voices or see things others do not. They may also have strong odd beliefs or have trouble with thinking or communication.

7.3.2 Schizoaffective Disorder
Schizoaffective disorder includes features of both schizophrenia and a mood disorder such as depression or mania. It includes an ongoing period where a person lives with symptoms of schizophrenia and a major mood episode at the same time.

7.3.3 Other Psychotic Disorders

- **Delusional Disorder-** One or more delusion that last at least one month.
- **Brief Psychotic Episode-** One or more symptoms of schizophrenia lasting one day to less than one month.
- **Schizophreniform Disorder-** Two or more symptoms of schizophrenia lasting one month to less than six months.

7.4 Anxiety Disorders

Anxiety Disorders involve strong feelings of fear or anxiety. Fear is the body's response to real or perceived danger. It activates the fight or flight response. Fight or flight is your body's natural reaction to danger. It makes you ready to either fight the threat or run away from it. Anxiety involves frequent worry that something bad might happen. It can appear as muscle tension, being on high alert, or avoiding certain situations.

7.4.1 Generalized Anxiety Disorder (GAD)

Generalized Anxiety Disorder involves ongoing worry or nervousness that is hard to control. This anxiety can affect both the mind and body. People may feel restless or on edge and get tired easily. They may also have trouble focusing or feel their mind go blank, feel irritable, have tense muscles, or have problems sleeping.

7.4.2 Panic Disorder

Panic Disorder involves sudden attacks of fear. These attacks can happen without warning. Panic attacks can cause a fast or pounding heart, sweating, and shaking. People may also have trouble breathing or chest pain. Some people feel sick to their stomach, dizzy, or have chills or hot flashes. Others may feel numb or tingly, feel disconnected from themselves or the world, or fear losing control or dying. These attacks are often followed by worry about having another one. People may also avoid certain places and change their behavior to try to prevent future attacks.

7.4.3 Other Anxiety Disorders

- **Separation Anxiety-** Fear about being away from people you love.
- **Selective Mutism-** Trouble speaking around other people. That only happens in certain settings.
- **Specific Phobia-** Fear or anxiety about a certain object or situation.
- **Social Anxiety Disorder-** Feeling afraid about how others may judge you in social settings.
- **Agoraphobia-** Feeling afraid or anxious in certain places. This may include public transportation, crowds, closed spaces, or being outside the home alone.

7.5 Obsessive-Compulsive and Related Disorders

Obsessive-Compulsive Disorders causes unwanted thoughts or urges. People may also feel the need to repeat actions that are hard to stop. These patterns often develop to feel safe or reduce anxiety.

7.5.1 Obsessive-Compulsive Disorder (OCD)

A person with Obsessive-Compulsive Disorder may have obsessions or compulsions. Some people have both.

- **Obsessions-** Unwanted thoughts, images, or urges that keep coming back and feel upsetting. They often cause stress and discomfort. People may try to distract themselves or do certain actions to feel better.
- **Compulsions-** Actions that a person feels they must do in response to an obsession. These may include actions like washing hands, checking locks, counting, repeating words, or sticking to strict routines. Compulsions are actions people do to try to stop bad things from happening or to feel less anxious. These actions may help them feel better, but they are not realistically tied to the fear.

7.5.2 Other Obsessive-Compulsive Disorders

- **Body Dysmorphic Disorder-** Checking mirrors often, grooming too much, or comparing looks to others because of worries about appearance.
- **Hoarding Disorder-** Strong need to keep possessions and distress when trying to let them go.
- **Trichotillomania-** Pulling out hair over and over again, even when trying to stop.
- **Excoriation Disorder-** Picking at skin over and over again, even when trying to stop.

7.6 Trauma- and Stressor- Related Disorders

Trauma- and Stressor-Related Disorders can happen after someone goes through something very stressful or scary. People react to trauma differently. These experiences can have a lasting impact on how a person feels, thinks, and responds to the world.

7.6.1 Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) can develop after someone goes through a very scary or dangerous event. This can happen by going through the event or seeing it happen. It can also happen by learning it happened to someone close or by hearing about it many times. People living with PTSD may have bad memories or bad dreams. They may feel like the event is happening again. They may feel intense fear or distress when reminded of the trauma and may try to avoid people, places, or situations connected to it. They may feel very scared or upset when they are reminded of the event. They may also try to stay away from people places, or things linked to it. PTSD can also affect how a person thinks or feels. Someone might feel ongoing shame, fear, guilt, sadness, or think badly about themselves or others. Some may lose interest in things they used to enjoy or feel emotionally numb. The body may stay on high alert.

This can make it hard to sleep. A person may be easily startled, have trouble concentrating, or feel irritable or on edge.

7.6.2 Other Trauma- and Stressor-Related Disorders

- **Acute Stress Disorder-** Includes many of the same symptoms as PTSD, but symptoms last 3 days to 1 month. PTSD symptoms last longer than 1 month.
- **Adjustment Disorder-** Strong feelings or reactions to stress that interfere with everyday life.

7.7 Dissociative Disorders

Dissociative Disorders change how a person experiences things. A person may feel different from themselves or from the world around them. A person may feel disconnected from their body. They may also feel cut off from memories, emotions, or their sense of who they are. Dissociation is one way the mind tries to cope with stress or trauma.

7.7.1 Dissociative Identity Disorder (DID)

Dissociative Identity Disorder (DID) develops as a way for the mind to cope with stress or trauma. A person with DID may experience two or more distinct identity states. These identity states may feel like different parts of that person. Each part can have its own thoughts, feelings, and actions. A person living with DID may feel like different versions of themselves show up at different times. These shifts can affect how someone sees the world, remembers things, or how they feel in their own body. People may have gaps in memory. They may forget daily events, personal information, or past trauma.

7.7.2 Other Dissociative Disorders

- **Dissociative Amnesia-** A person may have trouble remembering important things, often due to stress or trauma.
- **Depersonalization/Derealization Disorder-** A person may feel cut off from themselves. They may also feel cut off from the world around them.

7.8 Personality Disorders

Personality Disorders affect how a person thinks, feels, and behaves over a long period of time. These patterns are different from what is expected in their culture. Because of this, the person may have trouble with relationships, work, or daily life. The person may feel that these patterns are hard to change. These patterns can affect how the person gets along with other people. They can also affect how the person handles stress.

7.8.1 Paranoid Personality Disorder

Paranoid Personality Disorder is when someone has a strong and ongoing distrust of others. A person living with this condition may think other people are trying to hurt, trick, or take advantage of them. They may find it hard to trust friends or loved ones. They might not want to

share personal information. They may also believe that harmless comments or actions have a hidden negative meaning.

7.8.2 Schizoid Personality Disorder

A person living with Schizoid Personality Disorder may feel distant from others. They may not feel a need for close relationships and may show little emotion. A person living with this condition often prefers to be alone. They may not look for or enjoy close relationships, even with family. They usually choose activities they can do alone. They may have little interest in romantic or sexual relationships. They may have few close friends. They may also seem emotionally distant and show little reaction to praise or criticism.

7.8.3 Schizotypal Personality Disorder

Schizotypal Personality Disorder makes it hard for a person to connect with others. They may think, see, or act in ways that seem unusual to other people. A person living with this condition may feel uncomfortable in close relationships. They may have a hard time connecting with other people. They may have unusual beliefs. For example, they might think their thoughts or actions can affect things in ways that are not realistic. They may also believe that everyday events have hidden meanings. Their speech or thinking may seem off or hard to follow. They may appear emotionally distant. They may also show their feelings in ways that seem unusual.

7.8.4 Antisocial Personality Disorder

Antisocial Personality Disorder may include acting in ways that are not safe or fair to others. A person living with this condition may often break rules or laws. They may act in ways that seem dishonest or self-focused. They may also struggle to control their actions or anger. This may show up as lying often. It may also include getting into physical fights. A person may take risks without thinking about how it affects others. They may struggle to meet expectations or follow through on responsibilities. This can include work or money responsibilities. They may also find it hard to feel guilt or take responsibility for how their actions affect others.

7.8.5 Borderline Personality Disorder (BPD)

Borderline Personality Disorder (BPD) means a person may feel emotions very strongly. They may have intense relationships. They may also struggle with how they see themselves and how they act. A person living with BPD may fear being abandoned. They may try very hard to stop it from happening, even when there is no real threat. Relationships may feel like a rollercoaster. They may move from being very close to someone to suddenly pulling away. They may struggle with their self-identity. They may also act without thinking. This can lead to harmful behaviors, such as spending too much money, using substances, or unsafe driving. During times of stress, they may feel suspicious or disconnected from reality. Some people may experience repeated thoughts of suicide or engage in self-harm. For someone living with BPD, emotions may change quickly and feel very strong. This can include anger, sadness, anxiety, or feeling empty.

7.8.6 Histrionic Personality Disorder

Histrionic Personality Disorder is a condition where a person may feel strong emotions and seek attention from others. This can affect relationships and daily life. A person living with this

condition may feel uncomfortable when they are not the center of attention. They may try to get noticed by others. This can include the way they dress or how they show their emotions. For example, they may wear flashy clothing or speak in a very dramatic or emotional way. Their emotions may seem strong and can change quickly. To others, their emotions many not seem deep. They may speak in ways that feel unclear or too general. A person living with this condition may be easily influenced by other people. They may see relationships as closer or more important than they truly are.

7.8.7 Narcissistic Personality Disorder

Narcissistic Personality Disorder affects how a person thinks and acts. A person living with this condition may focus strongly on their own self-worth. They may need a lot of praise or approval from others. They may also have trouble noticing or responding to other people's feelings. A person living with this condition may see themselves as very special. They may focus a lot on ideas of success, power, beauty, or love. They may also often seek praise or approval from other people.

7.8.8 Other Personality Disorders

- **Avoidant Personality Disorder-** Avoids social situations and relationships. This is often due to fear of rejection, criticism, or not being accepted.
- **Dependent Personality Disorder-** Relies on others for help and guidance when making decisions. Often has a strong fear of being alone.
- **Obsessive-Compulsive Personality Disorder**- Focuses a lot on rules, order, and being perfect. This can make it hard to work well with others.

7.9 Disruptive, Impulse-Control and Conduct Disorders

These disorders can make it hard to control emotions and actions. People may struggle with following rules or stopping impulsive actions.

7.9.1 Oppositional Defiant Disorder

Oppositional Defiant Disorder can cause strong emotional reactions. People living with this condition may feel angry, easily irritated, or resist rules and authority. The person may often feel frustrated. They may become upset easily. They may show anger in ways others find hard to understand. They may struggle with following authority figures. They may also find it hard to take responsibility for their actions.

7.9.2 Intermittent Explosive Disorder

Intermittent Explosive Disorder can cause sudden burst of anger or aggression. The reactions may feel hard to control. These outbursts can involve yelling, threats, or physical actions. They may happen after situations that others see as small or unimportant.

Need Help or Have Questions?

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